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THE

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OF THE

END

THE HEALTH OF

D A R F I E L D

being the

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and

PUBLIC HEALTH INSPECTOR

for the year

1957



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DARFIELD URBAN DISTRICT COUNCIL

Divisional Health Office,  
6 Victoria Road,  
BARNSELY.

December, 1958.

ANNUAL REPORT  
for the Year ended 31st December, 1957

To: The Chairman and Members of the  
DARFIELD URBAN DISTRICT COUNCIL.

Mr. Chairman, Gentlemen,

I have the honour to present to you my second Annual Report on the health and social conditions of your district for the year ended 31st December, 1957. I have given the report a slightly "new look" in an effort, as far as possible, to separate the County Services from the local district Council services. I hope that the comparative figures in the divisional section may be of interest to you in comparing your own district figures with those in the immediate neighbourhood.

I know that figures are sometimes boring, but they are a necessary part of the Annual Report for the benefit of the Ministry and they do aim to give some indication of the state of the health of your district. The term "vital statistics" has different meanings in different context and it might be very simple if the health of Darfield could be expressed in the simple figures "36-24-36". Nevertheless, the aim of vital statistics in the present context is to reduce many complex factors into a few figures. These statistics, as they relate to Darfield, are on the whole eminently satisfactory.

Preparations were made during the year to start again slum clearance in your district. During the year 56 houses were represented as being unfit, but by the end of the year the clearance areas involved had not been confirmed by the Ministry.


I would like to take the opportunity to thank the Members of the Council for their continued interest in all matters relating to the health of the district, my Divisional Health Staff for their willing assistance, and your Surveyor and Public Health Inspector, Mr. F. J. Andrews, for his help and co-operation. He has prepared that part of the report dealing with the sanitary circumstances of the district.

I am,

Your obedient servant,

R. BARNES.

Medical Officer of Health.



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DARFIELD URBAN DISTRICT COUNCIL

ANNUAL REPORT

FOR THE YEAR 1957

Statistics and Social Conditions of the Area:

Area ... ..	2,018 acres.
Population (Census 1951) ... ..	6,238.
Registrar General's estimate of resident population mid 1957 ... ..	6,500.
No. of inhabited houses at 31st December, 1957...	2,118.
Rateable Value as at 31st December, 1957 ... ..	£41,355.
Nett product of a Penny Rate as at 31st March, 1958	£157.75

Coal mining is the principal occupation of the population.

VITAL STATISTICS

Population.

At mid 1957 the Registrar General's estimated population was 6,500, as compared with 6,460 at mid 1956. The annual increase of population showing the excess number of births over deaths was 62, the same as for the previous year.

Live Births.

The number of births registered during the year was 122 of whom 66 were males and 56 females. There were 3 illegitimate births or 2.5 of the total births registered.

The Registrar-General again supplied a comparability factor for the births in 1956, which relates the proportion of women of child-bearing age in the district with the proportion in a standard population. The crude birth rate multiplied by the comparability factor gives an adjusted birth rate which is comparable with similar adjusted rates for other districts and with the rate for the country as a whole. The adjusted birth rate for your district was 18.1 per 1,000 estimated population, as compared with 19.1 per 1,000 estimated population for 1956 and with 16.1 per 1,000 estimated population for England and Wales.

BIRTH RATE

Year	<u>Births</u>			<u>Rate per 1,000 Population</u>		
	<u>Darfield</u>					
	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Crude</u>	<u>Adjusted</u>	<u>England and Wales</u>
1953	54	51	105	16.4	17.2	15.5
1954	51	54	105	16.3	16.5	15.2
1955	68	57	125	19.3	19.5	15.0
1956	65	57	122	18.9	19.1	15.7
1957	66	56	122	18.8	18.8	16.1



### STILLBIRTHS

<u>Year</u>	<u>Stillbirths</u>	<u>Total Births Live and Still</u>	<u>Percentage of Stillbirths to Total Births</u>
1953	1	106	0.9
1954	5	110	4.8
1955	4	129	3.1
1956	0	122	0.0
1957	1	123	0.89

### Stillbirths.

There was one stillbirth in your district last year, as compared with Nil in 1956. The stillbirth rate was 8.1 as compared with 23.9 for the West Riding administrative County and 22.4 for England and Wales, so that the record for Darfield in this respect remains extremely good.

### Deaths.

The total number of deaths last year was 60 comprised of 42 males and 18 females. The adjusted death rate, which is the crude death rate multiplied by the comparability factor, was 11.4 per 1,000 estimated population as compared with 11.5 per 1,000 estimated population for the previous year and with 11.5 per 1,000 estimated population for England and Wales. The principal causes of death in order of numerical importance were: heart and circulatory diseases, cancer, respiratory diseases.

### Infant and Peri-natal Mortality.

There were two infant deaths in your area last year, one less than in 1956. One death was within the first week of life from prematurity and the other was from Acute Bronchitis, aged 2 months.

The infant mortality rate was 16.4 per 1,000 live births as compared with 24.6 for the previous year and with 23.0 per 1,000 live births for England and Wales. I think it is true to say that the standard of ante-natal care is reflected very much in the infant mortality and peri-natal mortality statistics.

Peri-natal mortality is expressed as the number of stillbirths plus the number of deaths in the first week of life. I give below the record for your district for the past ten years, and it will be seen that Darfield has again reached an all time "low".

<u>Year</u>	<u>Live Births</u>	<u>Stillbirths</u>	<u>Deaths in first week of life</u>	<u>Peri-natal Mortality</u>
1948	105	4	2	55.0
1949	112	0	2	17.9
1950	107	2	2	36.9
1951	92	2	2	42.6
1952	113	5	1	50.8
1953	105	1	4	47.1
1954	105	5	1	54.5
1955	125	4	-	31.0
1956	122	0	3	24.6
1957	122	1	1	16.2



INFANT MORTALITY RATE

1948	...	...	28.6	1953	...	...	38.1
1949	...	...	62.5	1954	...	...	19.0
1950	...	...	18.6	1955	...	...	16.0
1951	...	...	21.7	1956	...	...	24.6
1952	...	...	8.8	1957	...	...	16.4

Maternal Mortality.

I am happy to report that there were no deaths from maternal causes during the year.

DEATHS IN AGE GROUPS

					<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
Under 1 year	...	...	...	...	2	-	2
1 - 5 years	...	...	...	...	-	-	-
5 - 10 years	...	...	...	...	-	-	-
10 - 15 years	...	...	...	...	-	-	-
15 - 20 years	...	...	...	...	1	-	1
20 - 25 years	...	...	...	...	-	1	1
25 - 35 years	...	...	...	...	-	-	-
35 - 45 years	...	...	...	...	3	-	3
45 - 55 years	...	...	...	...	4	-	4
55 - 65 years	...	...	...	...	5	2	7
65 - 70 years	...	...	...	...	6	3	9
70 - 75 years	...	...	...	...	7	2	9
75 - 80 years	...	...	...	...	6	4	10
80 - 85 years	...	...	...	...	5	3	8
85 - 90 years	...	...	...	...	2	2	4
90 years and over	...	...	...	...	1	1	2
TOTALS ...					42	18	60



CAUSES OF DEATH IN 1957.

	<u>Males</u>	<u>Females</u>	<u>Total</u>
1. Tuberculosis, respiratory ... ..	-	-	-
2. Tuberculosis, other ... ..	-	-	-
3. Syphilitic Disease ... ..	1	-	1
4. Diphtheria ... ..	-	-	-
5. Whooping Cough ... ..	-	-	-
6. Meningococcal Infections ... ..	-	-	-
7. Acute Poliomyelitis ... ..	-	-	-
8. Measles ... ..	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant Neoplasm, stomach ...	3	-	3
11. Malignant Neoplasm, lung, bronchus	5	-	5
12. Malignant Neoplasm, breast ... ..	-	-	-
13. Malignant Neoplasm, uterus ... ..	-	-	-
14. Other malignant and lymphatic neoplasms	-	3	3
15. Leukaemia, alcaukaemia ... ..	-	-	-
16. Diabetes ... ..	-	-	-
17. Vascular lesions of nervous system	4	2	6
18. Coronary disease, angina ... ..	6	2	8
19. Hypertension with heart disease ...	-	-	-
20. Other heart disease ... ..	4	4	8
21. Other circulatory disease ... ..	2	-	2
22. Influenza ... ..	1	-	1
23. Pneumonia ... ..	2	-	2
24. Bronchitis ... ..	2	1	3
25. Other diseases of respiratory system	1	-	1
26. Ulcer of stomach and duodenum ...	1	-	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis ... ..	4	-	4
29. Hyperplasia of prostate ... ..	-	-	-
30. Pregnancy, childbirth, abortion ...	-	-	-
31. Congenital malformation ... ..	-	-	-
32. Other defined and ill-defined diseases	4	5	9
33. Motor vehicle accidents ... ..	-	-	-
34. All other accidents ... ..	-	1	1
35. Suicide ... ..	2	-	2
36. Homicide and operations of war ...	-	-	-
<hr/>			
ALL CAUSES ...	42	18	60
<hr/>			





# PRINCIPAL VITAL STATISTICS FOR THE YEAR 1957

Based on the Registrar General's Figures

	<u>DAFFIELD</u> <u>Urban</u> <u>District</u>	<u>Aggregate</u> <u>W. Riding</u> <u>Urban</u> <u>District</u>	<u>West</u> <u>Riding</u> <u>Admin.</u> <u>County</u>	<u>England</u> <u>and Wales</u> <u>(Provisional</u> <u>figures)</u>
Birth Rate per 1,000 estimated population:				
Crude     ...     ...	18.8	16.1	16.6	16.1
Adjusted   ...   ...	18.8	16.2	16.7	
Death Rate per 1,000 estimated population:				
Crude     ...     ...	9.2	12.4	11.7	
Adjusted   ...   ...	11.4	12.9	12.7	11.5
Infective and Parasitic diseases excluding Tuberculosis but including Venereal Diseases     ...     ...	0.15	0.07	0.07	not available
Tuberculosis:				
Respiratory   ...   ...	0.0	0.08	0.08	0.09
Other     ...     ...	0.0	0.01	0.01	0.01
All forms    ...   ...	0.0	0.09	0.09	0.11
Cancer     ...     ...     ...	1.69	1.99	1.87	2.09
Vascular lesions of the nervous system   ...	0.92	2.15	1.95	not available
Heart and circulatory diseases   ...   ...   ...	2.77	4.61	4.30	not available
Respiratory diseases	1.08	1.46	1.37	not available
Maternal Mortality   ...	0.0	0.41	0.51	0.47
Infant Mortality     ...	16.4	25.4	26.4	23.0
Stillbirths     ...     ...	8.1	23.5	23.9	22.4



## SECTION II

### GENERAL PROVISION OF THE HEALTH SERVICES

#### IN THE AREA

The Medical Officer of Health is a part-time officer of the Council but is engaged on whole-time Public Health work, being also Medical Officer of Health for the surrounding districts and the Divisional Medical Officer for Division No. 25 of the West Riding County Council. One Public Health Inspector is employed by the Council, he also undertakes the duties of Surveyor.

#### General Hospitals.

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below:

1. United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

#### Infectious Diseases Hospitals.

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as for the previous year with the Hospital retaining its own ambulances for this service.

#### Maternity Hospitals.

Maternity cases were usually admitted to the following hospitals:

1. St. Helen Hospital, Barnsley.
2. Montagu Hospital, Mexborough.
3. Hallanshire Maternity Home, Chapeltown.
4. Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

#### Tuberculosis.

Most patients suffering from the disease are admitted to the Wath Wood Sanatorium, and co-operation is maintained with the Chest Physician who holds out-patients' sessions at the Chest Clinic, 46 Church Street, Barnsley. Details of sessions are as follows:-



Tuesday,	10.0 a.m. to 12.0 noon (children)
Wednesday,	10.0 a.m. to 12.0 noon
Wednesday,	2.0 p.m. to 4.0 p.m.
Thursday,	10.0 a.m. to 12.0 noon (children)
Friday,	10.0 a.m. to 12.0 noon

#### Venereal Diseases.

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address: Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situated at Sheffield, Doncaster and Rotherham, and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

#### Maternity and Child Welfare Services.

Infant Welfare Clinics are held at the Methodist Church, Barnsley Road, on Wednesday afternoons, 2.0 p.m. to 4.0 p.m. Ante-Natal Clinics are held in the same premises on Friday mornings.

#### Laboratory Service.

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations, and a complete investigation is undertaken and report furnished for every specimen sent for examination.

Samples of milk taken under the Food and Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

#### Ambulance Service.

The ambulance service is operated by the West Riding County Council. The depot for your area being at Hoyland, Telephone No. Hoyland 3168 and Hoyland 2112.



### SECTION III

#### PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

During the year 228 cases of infectious diseases were notified as compared with 32 in the previous year. This was largely accounted for by the large rise in the incidence of Measles.

##### Notifiable Diseases (other than Tuberculosis) during 1957

	<u>Total cases notified</u>	<u>Admitted to Hospital</u>	<u>Deaths</u>
Measles ... ..	198	3	-
Whooping Cough ... ..	3	-	-
Scarlet Fever ... ..	10	1	-
Pneumonia ... ..	13	10	2
Meningococcal Infection	1	1	-
Dysentery ... ..	2	1	-
Fuercral Pyrexia ...	1	-	-
TOTALS ...	228	16	2

##### Scarlet Fever.

10 cases of Scarlet Fever were notified last year as compared with 2 in 1956.

##### Measles.

198 cases were reported as compared with 2 in the previous year. This is a periodic disease and this rise in 1957 was more or less as expected in a year of high incidence.

##### Smallpox.

No cases of Smallpox occurred during the year. The number of infants vaccinated was 64 compared with 89 in the previous year. This figure represents approximately 52% of the infant population of the district. I am sorry to see a falling off in Smallpox Vaccination in Darfield, but I am afraid that this has been general throughout the division and Darfield still heads the list with the highest percentage vaccinated.

##### Diphtheria and Whooping Cough.

No cases of Diphtheria were notified during the year and only 3 cases of Whooping Cough, 13 less than in the previous year.





Immunisation against Diphtheria again proved a very popular measure in Darfield with 87.3% of all children between the ages of 0 - 14 years immunised as against 81.7% for the previous year. 60.5% of the children in the age group 0 - 4 years and 100% in the age group 5 - 14 years were protected. This latter figure is probably not genuine as occasionally cases are protected from outside the district but, nevertheless, the true figure must be very close to the 100% mark.

47 infants were immunised against Whooping Cough, as compared with 88 in 1956. This is a very poor response compared with the previous year and represents only 38.5% of the infant population. I would like to take this opportunity of warning parents that Whooping Cough is a deadly disease in infancy and some measure of protection can be afforded by Whooping Cough immunisation.

#### Poliomyelitis.

It is again a pleasure to record that no cases of Poliomyelitis occurred during 1957. Immunisation against Poliomyelitis continued during the year and by the end of the year 383 children had been immunised with 2 doses. During the year and particularly towards the end of the year many more children were registered for immunisation and at 31st December, 1957, the waiting list stood at 709.

#### Food Poisoning.

No case of Food Poisoning was notified during the year.

#### Tuberculosis.

There were 2 new cases of Pulmonary Tuberculosis, but no case of Non-Pulmonary Tuberculosis during the year, as compared with 5 and 2 respectively in 1956. There were no deaths from Tuberculosis during the year. I do not necessarily regard a decline in notifications in this disease as a good thing. In my opinion some authorities are unduly optimistic about Tuberculosis at the present time, and while I feel that the disease is certainly declining, I think it very important that the last remaining cases in the community are discovered so that appropriate precautions be taken.

Nevertheless, I must say that treatment of the disease has made enormous strides and cases remain in hospital for much shorter periods. No serious waiting list exists for admission of patients to hospital.



# TUBERCULOSIS - Record of Cases during 1957

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	M	F	M	F
No. of cases on register at 1st January, 1957 ... ..	27	24	5	3
No. of cases notified for the first time during the year	1	1	-	-
No. of cases restored to register ... ..	-	-	-	-
No. of cases added to register otherwise than by notification ... ..	1	-	-	-
No. removed to other districts	-	1	-	-
No. cured or otherwise removed from register ... ..	2	3	1	-
No. died from Tuberculosis ...	-	-	-	-
No. died from other causes ...	-	2	-	-
 TOTAL at end of 1957 ...	 27	 19	 4	 3

## TUBERCULOSIS - New Cases and Mortality in 1957

<u>Age Periods</u>	<u>NEW CASES</u>				<u>DEATHS</u>			
	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	M	F	M	F	M	F	M	F
0 ...	-	-	-	-	-	-	-	-
1 ...	-	-	-	-	-	-	-	-
5 ...	-	-	-	-	-	-	-	-
15 ...	1	1	-	-	-	-	-	-
25 ...	-	-	-	-	-	-	-	-
35 ...	-	-	-	-	-	-	-	-
45 ...	-	-	-	-	-	-	-	-
55 ...	-	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	-	-	-	-
TOTALS...	1	1	-	-	-	-	-	-

## TUBERCULOSIS - New Cases and Mortality for the past five years.

<u>Year</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
1953 ...	6	-	1	-
1954 ...	5	-	2	-
1955 ...	2	3	1	-
1956 ...	5	2	1	-
1957 ...	2	-	-	-



SECTION IV  
ANNUAL REPORT  
OF THE  
PUBLIC HEALTH INSPECTOR  
FOR THE YEAR 1957

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To the Chairman and Members of the  
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have pleasure in presenting details of the work carried out by my department during 1957. Steady progress has been made, particularly in slum clearance and food hygiene. It was pleasing to set about the first post-war slum clearance programme which revealed that there is need for considerable work to be done in this field. Low Valley, New Street and Snape Hill were those areas chosen first of all, the main areas being in Low Valley; and in all 58 houses were included. Two appeals were made for which Hearings were arranged early in 1958. The Cliff Road Site was chosen for re-housing the tenants from the areas, in 12 bungalows and 38 houses.

Building for general need came to a standstill and re-housing from the housing list was by casual vacancies occurring in council houses.

New legislation during the year included the Housing Act 1957 and the Rent Act 1957. The Rent Act in particular added to the work of the department, but this was eased greatly by the generous help given by Members of the Council, in giving their Saturday mornings to running an Advice Bureau for owners and tenants of properties seeking information on their rent problems.

I should again like to express my thanks to the Clerk, the Medical Officer of Health and other Members of the staff for their willing co-operation at all times. Also to the outside employees on housing, refuse, highways, sewage disposal, parks and other services the Council performs for the public. It is largely by the reputation of these men that the standard of performance of the Council is judged.

I am grateful to the Chairman and to all members of the Council for their continued support at all times.

I remain,

Your obedient Servant,

F. J. ANDREWS

Surveyor & Public Health Inspector.



## 1. HOUSING.

The total number of inhabited houses at the end of the year was 2118. With a population of 6,500 this gives an average of 3.07 persons per house. The number of council houses was 816.

No building of council houses was undertaken at all during the year due to the high Bank Rate charges. This is bound to have serious repercussions on the Housing List as the only council houses available were those which became vacant through tenants leaving. However, preparations were made in starting the first Slum Clearance Programme since the war. Six Slum Clearance Areas were scheduled, containing 56 houses in all, occupied by 179 persons. These were:-

### Low Valley (George Street) Clearance Area No. 1

Nos. 19, 21, 23, 25, 27, 29, 31, 33 George Street  
2, 4, 6, 8, 1, 3, 5, 7, 9, 11 Providence Street

### Low Valley (Pitt Street) Clearance Area No. 2

Nos. 17, 19, 21, 23, 25, 27, 29 Pitt Street

### Low Valley (Hope Street) Clearance Area No. 3

Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 21, 23,  
25 Hope Street

### Low Valley (Hope Street) Clearance Area No. 4

Nos. 34, 36, 38, 40, 42, 44 Hope Street

### Darfield (Snape Hill Road) Clearance Area No. 5

Nos. 56, 58, 60, 62, 64, 66, 68, 70 Snape Hill Road

### Darfield (New Street) Clearance Area No. 6

Nos. 86, 88, 90, 92 New Street

Of these there were two objections from the owners of:-

56 Snape Hill Road - Clearance Area No. 5  
17 Pitt Street - Clearance Area No. 2

It was decided to rehouse the occupants on the Cliff Road Housing Site in 38 houses and 12 bungalows, which are now under construction and will be completed by July 1958.

There is still much to be done in slum clearance work and future programmes will mainly have to be concentrated on the Low Valley and New Street areas.

The only undeveloped site now left which is owned by the Council is Shroggs Head, which will hold a further 90 - 100 houses. It will be necessary very soon to look for new sites and it appears that the only area which will satisfy a building programme for some years is the area between Edderthorpe Lane and Saltersbrook Road. With a comprehensive scheme including a new sewage pumping station this area is sufficient to absorb the Council's need for future development.





## 2. TOWN & COUNTRY PLANNING.

The Council continued to operate as in previous years delegated powers from the West Fiding County Council under the Town and Country Planning Act 1947. During the year 176 planning proposals were received and dealt with.

The relationship between the Council and the County Planning Officer was at all times most cordial and no unnecessary delay occurred in arriving at a decision.

Of the 176 plans, 5 were refused on planning grounds. There is one Appeal awaiting hearing at the time of writing.

### Table of Plans approved during the year 1957

Petrol Filling Stations	2
Education (Land)	3
Factory Extensions	3
Church Hall	1
Garages	83
Council Houses	50
Private Houses	6
Private Houses (extensions)	14
Statutory Undertakings (Electricity Board etc.)	4
Vehicular Access	1
Playing Fields	1
Sheds etc.	8
Total	<u>176</u>

## 3. HOUSING - HOUSING ACT 1949, SECTION 20.

The amount of grant approved during the year:-

Number of premises involved	4
Total cost of work	£808
Amount of Grant	£225
Average Grant	£56 per dwelling or 27.8% of the total cost

## 4. HOUSING - RENT ACT 1957.

18 Certificates of Disrepair were issued under the Act during the year.

## 5. SUMMARY OF WORK UNDER HOUSING ACT AND PUBLIC HEALTH ACT 1957.

Total number of houses inspected for defects	777
Number of housing inspections made	1306
Number of informal Notices complied with	172
Number of dwellings rendered fit after service of formal Notices	23



6. MILK REGULATIONS 1949.

The following is a list of the licensed distributors of milk in the district:-

Sterilised Milk	4
Pasteurised Milk	2
Tuberculin Tested Milk	2

Samples of milk were subjected to the following test. In every case the results were satisfactory:-

Methylene Blue Test	3
Phosphatas. Test	3
Sterilised	1

7. FOOD PREMISES.

Considerable work of improvement was carried out during the year to premises within the area. The public is becoming increasingly food hygiene conscious and this awareness is being felt by those engaged in the food trade.

8. FOOD POISONING.

There were no cases of food poisoning reported during the year.

9. SEWERAGE AND SEWAGE DISPOSAL.

The Sewage Disposal Works continued to be run efficiently under Mr. Crowther's conscientious management. The area is affected by subsidence which causes part of the works to be unusable and becomes a problem at times.

The new pumping station continued to work satisfactorily.

The problem still remaining for the future is a decision on the steps which should be taken to improve sewage disposal facilities for the area.

10. PUBLIC SCAVENGING.

The system continued as in previous years with a weekly collection. The collection of salvage continued as previously. The salvage sales were as follows:-

Waste Paper	321. 14. 6.
Rags	14. 10. 3.
Non-Ferrous Scrap & Ferrous Scrap	130. 2. 9.
	<u>£466. 7. 6.</u>



11. RODENT CONTROL.

The number of rodent infestations was again confined to very small numbers, a total of only 24 being dealt with during the year. The normal annual sewer treatments were carried out. Infestation was noted in only a minor degree.

12. COLLIERY SPOIL BANK.

During the year the spoil bank at Darfield Main Colliery was entirely quiescent and gave no trouble whatsoever.

13. FACTORIES.

There are 5 factories on the register and no formal action was necessary to obtain reasonable conditions.



SECTION V

DIVISIONAL STAFF

<u>Divisional Medical Officer:</u>	R. Barnes, B.A., M.R.C.S., L.R.C.P., D.P.H.
<u>Assistant County Medical Officers:</u>	T.F.M.Jackson, L.R.C.P., L.R.C.S., L.R.F.P.S. (app. August, 1957) S. G. A. Henriques, M.B., Ch.B.
<u>Clinic Medical Officers:</u>	Dr. J.S.L.Allott, Dr.W.G.S.Maxwell, Dr. C.B.Ball, Dr. N.M.Picrey, Dr.J.H.Fairclough, Dr.J.H.Ritchie Dr.H.W.Gothard, Dr.M. Scott, Dr. G. Ingram, Dr.M.E.Tapissier, Dr. J. Leishaman, Dr.L.Taylor Dr. K. Mathers, Dr.J.W.Whitworth
<u>Health Visitors:</u>	M. Baker, Miss G. M. Lodge, Mrs. B. Clarke, Mrs. F. A. Manley, Mrs. D. Gibson, Mrs. H. Thorpe, Miss A. M. Harston, Mrs. C. Totty, Mrs. B. Hunter, Miss D. Westerman, Miss A. E. Jackson, Mrs. F. H. Whittlestone, Miss (App. 14.1.57 res. 30.9.57) A. M. Widdison, Mrs. M. E. Lee, Miss
<u>Tuberculosis Health Visitor:</u>	M. Mellor, Miss E. Boever, Mrs.
<u>Midwives:</u>	K. Burgin, Miss M. Marsland, Mrs. (res.30.7.57) D. Newton, Mrs. M. Caton, Miss E. Parkes, Mrs. (res.11.9.57) E. A. Stacey, Mrs. E. Chootham, Mrs. M. Walters, Mrs. D. Crossley, Miss E. Ward, Mrs. B. Fitzpatrick, Mrs. M. Wroe, Mrs. C. M. Hill, Mrs. B. Horsfield, Mrs. I. O. Kilner, Mrs. (app. 14.10.57) E. Leather, Mrs.
<u>Home Nurses:</u>	M. Allen, Mrs. H. Padgett, Mrs. F. G. Cartwright, Mrs. B. Parker, Mrs. N. C. Crofton, Miss R.E. Scott, Miss E. Cross, Mrs. (app. 1.5.57) R. Edwards, Mrs. A.P.Tibbitts, Miss K.M.Harrison, Mrs. (res. 28.2.57) (res. 1.7.57) I.D.Thomas, Mrs. M.Johnson, Miss E.A.Walker, Miss D. D. Lee, Miss K.M.Winterburn, Mrs. M. McConnell, Mrs. (app. 15.8.57)
<u>Mental Health Social Worker:</u>	M. Webster, Mrs.
<u>Mental Health Home Teacher:</u>	E. Harrott, Mrs. (App. Sept., 1957)
<u>Speech Therapist:</u>	S. Smith, Miss (App. 1.10.57.)
<u>Duly Authorised Officers:</u>	H. Nettleton, Mr. J. Hyland, Mr.
<u>Senior Clerk:</u>	L. S. Wrigg, Mr.





## DIVISIONAL REPORT

### Vital Statistics.

I have compiled a comparative table of the vital statistics for each of the County districts comprising Division No. 25, which I feel may be of interest to each separate authority in assessing how they stand in relation to the local figures generally.

#### Births.

The number of live births registered in the divisional area in 1957 was 1,304. This is equivalent to a crude birth rate of 17.2 per 1,000. There were 30 stillbirths giving a stillbirth rate of 22.5.

#### Deaths.

The deaths assigned to the divisional area after the addition and deduction of inward and outward transfers was 628, giving a crude death rate for the division of 8.3. You will notice in the table that this is lower than any of the other figures given for individual districts, but the other figures show adjusted rates. Unfortunately, no adjusted rate is available for the division.

#### Infant Mortality.

There were 34 infant deaths in the division during the year, of which 27 occurred in the neo-natal period. This gives an infant mortality rate for the division of 26.1.

#### Vaccination and Immunisation Statistics.

I give a table showing the statistics with regard to vaccination and immunisation during 1957. Smallpox vaccination again did not prove a very popular measure. There were slight fluctuations in individual districts, but in the main the proportion of infants immunised in the district remained about constant.

Towards the end of the year a scheme was introduced whereby at the discretion of medical officers a combined triple vaccine could be used against Diphtheria, Whooping Cough and Tetanus. This vaccine was not introduced until November, and since three doses were required at monthly intervals, it could have no effect on the statistics for 1957. Nevertheless, in a full year I have hopes that a reduction in the number of injections will go some way to improving the statistics, particularly in relation to infancy, and it is to be hoped that more mothers will then be willing to accept smallpox immunisation. I think that the table is clear and informative and calls for no comment.

#### Midwifery and Maternity Services.

The number of cases attended by domiciliary midwives was 678. This compares with 655 hospital confinements. Thus, in the division, domiciliary midwives still account for over 50% of births during the year. During 1957 we started to see a decline in the midwifery staff available. This state of affairs continued and accelerated during 1958. I am afraid that the salary, and more particularly the conditions of service of domiciliary midwives, are not conducive to recruiting younger members of the profession into district service. Many of our midwives in the division are fast approaching retirement age, and I am afraid serious consideration will have to be given at national level if domiciliary midwifery is to continue as part of our integrated health service. Now cases attending local health ante-natal clinics in the division was 710 and the total number of attendances was 3,874.

199 mothers attended post-natal clinics and made 211 attendances.



<u>District</u>	<u>Area</u>	<u>Population</u> <u>Registrar General's</u> <u>Estimate Mid. 1957.</u>	<u>Birth Rate</u> <u>per 1,000 pop.</u>	<u>Death Rate</u> <u>per 1,000 pop.</u>	<u>Stillbirth</u> <u>Rate</u>	<u>Infant</u> <u>Death Rate</u>
CUDWORTH ...	1,746	8,830	18.8	13.7	38.9	28.9
DARELD ...	2,018	6,500	18.8	11.4	8.1	16.4
DARTON ...	4,726	14,630	14.4	14.7	22.7	23.3
DODNORTH ...	1,857	4,200	14.5	15.1	46.2	16.1
FOYSTON ...	1,452	8,270	16.8	11.7	20.5	35.0
HOWBELL ...	3,850	18,990	17.3	11.5	15.0	27.4
WORSBROUGH ...	3,420	14,500	18	12.6	22.5	26.8
RATES FOR THE DIVISION	20,099	75,920	17.2	8.3	22.5	26.1

RATES FOR THE  
ADMINISTRATIVE  
COUNTY ...

16.6

12.9

23.9

26.4



District	Population	Smallpox Vaccinations		Whooping Cough Immunisations		Diphtheria Immunisations			Polio myelitis Immunisation	
		No.	%	No.	%	Years 0 - 15	Years 0 - 4	Years 5 - 15	No. completed	No. waiting
CUDNORTH ...	8,830	53	30	90	53	73.5	42.4	88.3	127	804
DAFFIELD ...	6,500	64	52.4	47	38.5	87.3	60.5	100	383	709
DARTON ...	14,630	66	31	42	20	58.6	45.7	63.8	424	888
DODMOUTH ...	4,200	15	24	36	58	71	40.3	82.8	205	313
FOXTON ...	8,270	28	19	98	68	70.9	44.9	82.9	264	634
WOMBWELL ...	18,990	85	25.9	127	40	60.9	35.5	71.9	582	1,534
WOTSBROUGH ...	14,500	48	18.0	90	34	72.2	37.5	88	319	1,030
<hr/>										
RATES FOR THE DIVISION	75,920	359	28.2	530	41.5	Accurate divisional figures not available			2,304	5,912



### Ante-Natal Clinics.

The ante-natal clinic at Darfield continued to give satisfactory service during the year when 68 patients made 322 attendances with an average attendance of 6.5 per session. In addition 22 patients attended for post-natal examination. 346 attendances were made by expectant mothers to relaxation classes run by the midwives. In Darfield 36.5% of the confinements took place in hospital, compared with 33% in 1956. There was a slight decline in the attendances at the ante-natal clinic, but this was probably accounted for by the fact that slightly more confinements took place in hospital and, therefore, received hospital ante-natal care.

### Infant Welfare Clinics.

Most of the infant welfare clinics in the division continued to thrive and 1,307 new cases attended under the age of one year. The total number of children attending local health authority clinics was 2,587.

The Infant Welfare Clinic in Darfield continued to do very good work and 288 children made 3,753 attendances at the clinic. 121 children were seen for the first time compared with 106 in the previous year. There was a slight decrease in the total attendances at the clinic, but this was negligible compared with the increase which took place in the previous year. 830 examinations were made by the doctor, an average of 16 per session.

### School Health Service.

It is with great regret that I have to report to you that routine work in the school health service suffered a decline in 1957. Routine medical examinations were few in some districts in the early part of the year because of lack of medical staff. This deficiency was partially remedied by the welcome appointment of Dr. Jackson in August, 1957, but some postponement of the programme had of necessity to take place because of the increased pressure of work caused by Poliomyelitis vaccination.

Specialists' clinics continued to be held during the year. Some in this office and some at the local hospitals by arrangement with the Regional Hospital Board.

The Speech Therapy Service has been dormant for sometime and the appointment of Miss S. Smith in October, 1957, was very welcome.

The tables show the work carried out in the school health service during the year.





# SUMMARY OF DEFECTS FOUND

<u>District</u>	<u>No. of children examined</u>	<u>No. Satisfactory</u>	<u>No. Unsatisfactory</u>	<u>Ocular</u>	<u>E. N. T.</u>	<u>DEFECTS FOUND</u>				<u>Other</u>	<u>Passed for treatment</u>
CUDWORTH ...	583	581	2	97	48	10	19	13	60	71	
DAFFIELD ...	173	172	1	9	13	4	5	6	12	13	
DARTON ...	684	682	2	112	42	6	31	15	61	73	
DODMORRIS ...	-										
FOYSTON ...	456	453	3	69	28	5	9	13	45	59	
KOMBUELL ...	352	350	2	69	28	6	8	11	27	34	
WORSBROUGH ...	214	214	-	55	15	4	10	5	19	27	
TOTAL ...	2,462	2,452	10	411	174	35	82	63	224	277	



# SPECIALIST CLINICS

<u>Clinic</u>	<u>Darton</u>	<u>Mossbrough</u>	<u>Parfield</u>	<u>No. of attendances</u> <u>Wombwell</u>	<u>Dodworth</u>	<u>Cudworth</u>	<u>Foyston</u>
OPHTHALMIC      ...    ...	153	261	128	374	83	229	139
ORTHOPAEDIC    ...    ...	19	19	10	9	8	43	30
EAR, NOSE AND THROAT	41	32	8	14	18	35	6
PAEDIATRIC      ...    ...	6	9	2	19	2	17	8
SPEECH THERAPY    ...    ...	10	5	3	14	3	8	7
CHILD GUIDANCE    ...    ...	9	3	1	16	-	17	5



MINOR AILMENT CLINICS

<u>District</u>	<u>No. of</u> <u>Children examined</u>	<u>Total</u> <u>attendances</u>
DARTON ... ..	163	235
HIGHAM ... ..	84	115
STAINCROSS ... ..	61	66
WORSBROUGH BRIDGE ...	551	1,002
WORSBROUGH DALE ...	82	111
BLACKIER HILL ... ..	72	151
DARTFIELD ... ..	87	150
WOMBWELL ... ..	52	121
DODWORTH ... ..	66	83
CUDWORTH ... ..	48	73

SCHOOL CLINICS

DARTON ... ..	162
HIGHAM ... ..	44
STAINCROSS ... ..	45
WORSBROUGH BRIDGE ...	110
DARTFIELD ... ..	108
WOMBWELL ... ..	71
DODWORTH ... ..	26
CUDWORTH ... ..	221

ULTRA VIOLET LIGHT CLINICS

WORSBROUGH DALE ... ..	19	115
WOMBWELL ... ..	17	115



### B. C. G. Vaccination Scheme.

This scheme was continued during the year with the vaccination of children of 13 years and over. The response continued to be good, but still left room for improvement. I give below details of the B.C.G. programme carried out during the year.

<u>School</u>	<u>No. of children tested</u>	<u>No. Positive</u>	<u>% Positive</u>	<u>No. Negative</u>	<u>Vaccinated</u>
CUDWORTH S. M.	55	11	20.0	44	43
DAFFIELD S. M.	102	32	31.4	70	67
DARTON S. M.	139	25	18.0	114	110
DODWORTH S. M.	54	24	44.4	30	30
BOYSTON S. M.	71	12	17.0	59	49
WOMBWELL S. M.	148	56	38.0	92	88
WORSBROUGH S. M.	80	13	16.3	67	67
<hr/>					
DIVISIONAL TOTAL	649	173	26.6	476	464

### Health Visiting.

This service continued during the year, and although the total number of staff was not fully up to establishment, some improvement occurred compared with 1956. During the year 12,640 visits were paid to infants under one year. The total number of visits made by health visitors during the year was 30,732, of which 20,084 were to pre-school children.

I still feel that there is need for greater co-operation between the general practitioner and the health visitors, and vice-versa. The degree of co-operation has improved, but still does not approach anything like the co-operation that exists between the general practitioners and the home nurses. I feel further improvement in this relationship would be to the benefit of both parties and to the patient.

### Home Nursing.

The Home Nurses in the division made 56,396 visits last year. 47,642 of these being to medical cases. 7,978 were to surgical cases and 573 visits were made to tuberculosis patients. The total number of visits made during the year showed a slight increase, and the number of visits made for the purpose of injections rose by over 3,000 to 27,073. I feel that with the present establishment of Home Nurses a peak has been reached in the number of visits made. There is obviously a limit to the amount of work which can be done by a given number of nurses. The number of visits made to old people over the age of 65 again accounted for nearly 62% of the total visits. 892 visits were made to children under five years of age. The home nursing service, in conjunction with the general practitioners of your area, is undoubtedly making a large contribution towards treating many patients in their own homes. But for this, I am afraid, the problem of chronic sick accommodation might be even worse than it is today.





Home Help Service.

The Home Help Service in the division continued to provide a service mainly for old people. 91% of the help was provided to people of 65 and over. The total number of cases provided with a home help was 568. These cases received a total 89,241 hours. You will appreciate that all these cases were not operating at the same time, and during the last half of the year the average number of cases was 406 in any one week. The following is a table comparing the home help position over the past four years. You will see that in the division the number of cases has risen from 224 to 406 with very little corresponding increase in the total number of hours available. It is, therefore, inevitable that the number of hours per case has declined steadily. I do not think any further comment is required as the table speaks for itself.



# HOME HELP SERVICE

<u>District</u>	<u>NO. OF CASES</u>		<u>AVERAGE HOURS PER CASE</u>	
	<u>1st half 1954</u>	<u>Last half 1957</u>	<u>1st half 1954</u>	<u>Last half 1957</u>
GUDMORTH ... ..	31.5	58.5	7.0	3.5
DAFFIELD ... ..	28.0	40.5	6.8	3.8
DARTON ... ..	47.0	77.0	6.1	3.85
DODMORTH ... ..	9.0	19.0	6.6	6.0
ROYSTON ... ..	14.5	49.5	10.3	3.5
KNIBWELL ... ..	53.0	95.0	5.1	3.8
NOTSBOUGH ... ..	41.0	66.5	6.0	4.9
DIVISIONAL TOTALS	224.0	406.0	6.4	3.9



# MENTAL HEALTH SERVICE

## MENTAL DEFICIENCY.

### A. Cases ascertained to be defective and subject to be dealt with during 1957.

Number in which action was taken on reports by:

	<u>Under</u>		<u>Over</u>	
	<u>16 yrs.</u>		<u>16 yrs.</u>	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
i. Local Education Authority:				
a. While at school or liable to attend school ... ..	2	1	-	-
b. On leaving Special School ... ..	2	-	-	-
c. On leaving Ordinary School ... ..	3	1	-	-
ii. Police or by the Courts ... ..	-	-	-	-
iii. Other sources (transfers from other districts, etc.) ... ..	-	2	1	3
	7	4	1	3

### B. Particulars of cases removed from the Register during 1957.

i. By reason of death ... ..	1	-	-	1
ii. De-classified ... ..	-	-	2	1
iii. Removal to Mental Deficiency Hospitals	1	-	4	-
iiii. Transfers to other districts ... ..	-	1	1	2
	2	1	7	4

### C. Particulars of cases on the Register at the 31st December, 1957.

i. Statutory Supervision ... ..	19	19	54	62
ii. Voluntary Supervision ... ..	-	-	21	22
iii. Under Guardianship ... ..	-	-	-	3
iiii. On Licence from Mental Deficiency Hospitals ... ..	-	-	1	1
	19	19	76	88

## TRAINING FACILITIES FOR MENTAL DEFECTIVES

This year there has been a considerable improvement in the training facilities available, principally because all the children on the waiting list under 16 years of age have been catered for as a result of the Occupation Centre at The Gables, Wombwell, opening at the beginning of the year.

As I reported last year, the Occupation Centre at Wombwell is primarily covering the Urban Districts of Darfield, Wombwell and Worsbrough; and also a few children from the adjacent districts of Hoyland and Houghton. The children from the Urban Districts of Darton, Royston and Dodworth attend the Barnsley County Borough Occupation Centre and the children from Cudworth Urban District attend the Occupation Centre at Hensworth.

For the first time, I am able to report that there is no waiting list for full-time training in respect of the children under 16 years of age. However, I am afraid that this happy state of affairs will be of short standing for the Wombwell Occupation Centre now has its full complement of 27, and the Hensworth and Barnsley County Borough



Occupation Centres are unlikely to be able to absorb more children from this Division as they will have their own commitments to fulfil.

However, as there are children over the age of 16 years in these Centres, it might be that they will have to be excluded to make way for the younger children, but I personally would regard this as a retrograde step, and am making strong representations to the West Riding County Council for extensions to be authorised at The Gables to provide for Workshops for adult male and female defectives.

Those adult defectives who are unemployable too are in great need of regular full-time occupation in order to give them a feeling of sufficiency and also a well regulated life away from the street corners and boredom.

In all there are 14 males and 46 females who are receiving full-time or part-time training, by way of attending Occupation Centres and Group Training Classes or being visited by the Home Teacher in their homes. If my suggestion for the extensions at The Gables are accepted the majority could be catered for, especially if transport could be provided and the whole of the Division would be catered for at the Occupation Centre in Wombwell.

PARTICULARS OF MENTAL DEFECTIVES FROM THIS DIVISION ATTENDING OCCUPATION CENTRES AT THE 31ST DECEMBER, 1957.

<u>Occupation Centre</u>	<u>Supervisor</u>	<u>Under 16 years</u>		<u>Over 16 years</u>	
		<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
Wombwell ... ..	Mrs. Largo	5	9	2	3
Hemsworth ... ..	Miss Porter	-	2	-	-
Barnsley C. B. ... ..	Miss Smith	8	2	1	4
		13	13	3	7

Facilities available for the training of adult defectives at present, apart from those already in attendance at Occupation Centres, are restricted to Group Training Classes which are held once a week in Clinics in the Division, and also the Teacher visits a certain number at home who because of physical disability or domestic commitments are unable to attend the classes.

Wherever possible the defectives are encouraged to attend more than one class and vouchers are issued to cover their travelling expenses. The classes are of considerable benefit and the defectives are encouraged to do handicrafts, i.e. embroidery, knitting, rug making, leather work, dress-making, etc., and also attention is paid to personal cleanliness, physical recreation and social behaviour. Particulars of the classes are given below:

<u>Day</u>	<u>Times</u>	<u>Clinic</u>	<u>Teacher</u>
Monday, ...	9.30a.m. to 4.0p.m.	The Darby & Joan Club, ROYSTON.	Mrs. Harrott
Tuesday, ...	9.30a.m. to 4.0p.m.	The Parish Hall, WOMBWELL.	Mrs. Harrott
Thursday, ...	9.30a.m. to 3.0p.m.	The Ambulance Hall, WORSBROUGH BRIDGE.	Mrs. Harrott
Friday, ...	9.30a.m. to 4.0p.m.	The Old Infants' School, DARTON.	Mrs. Harrott

HOSPITAL ACCOMMODATION.

During the year six cases have been admitted to Mental Deficiency Hospitals for short-stay periods. The short stay facilities offered by the Regional Hospital Board are greatly appreciated for it enables the Authority to offer relief to those cases where temporary care is





required to give the parents a rest and possibly avert a family crisis. The normal period allowed is 3 to 4 weeks, but in the event of a breakdown in the home this period can, at times, be extended.

Despite the acute shortage of vacancies in Mental Deficiency Hospitals, I am pleased to report that at the end of the year there are only two urgent cases not catered for, and that in any event, both these cases have been assisted by short-stay vacancies which has helped considerably to alleviate the domestic situation. I understand that these children will be accommodated as soon as a new hospital for low-grade children is opened by the Sheffield Regional Hospital Board in the near future.

There are a further seven cases which are on the waiting list for admission to hospital in the event of unforeseen circumstances arising at home as a result of which they would not be able to receive the care necessary for their wellbeing.

As a result of the recent report of the Royal Commissioners on Lunacy and Mental Deficiency, admissions to Mental Deficiency Hospitals now are on a purely "informal" basis, and it is not necessary to obtain medical certificates or magistrates Orders. This, in itself, is a great step forward and a step that is appreciated by the relatives as there is no longer the stigma "of being signed away", as admissions are treated in the same way as an admission to an ordinary hospital. However, the Local Authority still has the power to bring about the admission to a Mental Deficiency Hospital of a defective who is a social danger and this case is dealt with by a Magistrates Order on the production of medical evidence supporting a petition by the Local Authority.

#### EMPLOYMENT OF DEFECTIVES.

At the end of the year there were 50 males and 17 females in regular gainful employment, but it is becoming increasingly difficult to obtain employment for the school leavers who have been reported. Unfortunately the labour market is becoming such that employers now are able to be more selective, and naturally employ able-bodied people and the defectives are at a disadvantage in obtaining suitable work. It is a great pity because a high grade defective, although taking much longer to absorb a routine job will eventually, under supervision, give useful service.

#### MENTAL HEALTH.

During the past year 48 patients have been discharged from Mental Hospitals, the majority of whom had been admitted on a voluntary basis. Follow-up visits have been carried out by the Mental Health Social Worker and as a result there has been a steady increase in the number of after-care visits. Many patients have expressed their appreciation of the interest taken in them, and also for the opportunity of discussing their worries and problems. At present there are 38 patients on the after-care register, 4 of whom are visited also by the Home Teacher for occupational therapy.

Often the reason for a breakdown could be an accumulation of fears and worries which the patients feel have gone unheard and the fact that they can discuss this and be helped to place the problems in true perspective can sometimes help to alleviate a certain amount of stress and strain. Wherever possible help and guidance is given, especially in the question of employment, financial and domestic problems, through the calling in of the various agencies, and also advice is given on the advisability of obtaining medical attention in the event of a patient's apparent relapse.

The Mental Health Social Worker also attends the Psychiatric Clinic at Bockett Hospital, Barnsley, and acts as a liaison officer between the clinic and the various local health authority departments, and also does whatever field work is required by the Consultant Psychiatrist.

There is every reason to be satisfied with the state of this service in the division. It has made vast strides during the past ten years and I think the work done compares favourably with other districts. Nevertheless, it will be a happy day when more time is spent on the earlier preventive cases rather than on after-care, but for the present time after-care is very necessary indeed.





